

# Creating a State Childhood Trauma Coalition

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# Child Trauma– Critical Issues

- ▶ 1) Child Level: Defining Child Trauma
- ▶ 2) Agency Level
- ▶ 3) State Level

# What is Child Trauma?

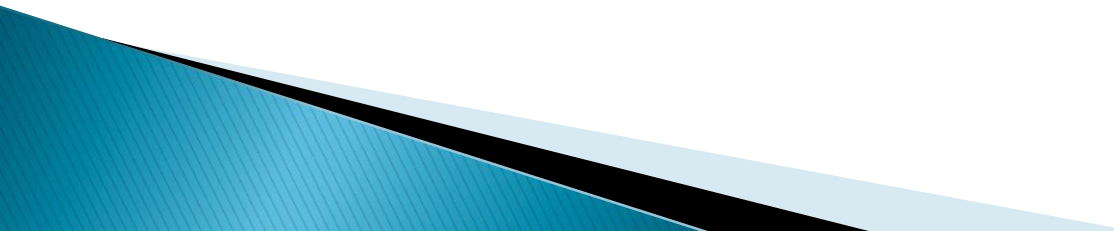
The experience of an event by a child that is emotionally painful or distressful which results in lasting mental and physical effects.\*

- ▶ Event
- ▶ Experience
- ▶ Effects

\* National Institute of Mental Health

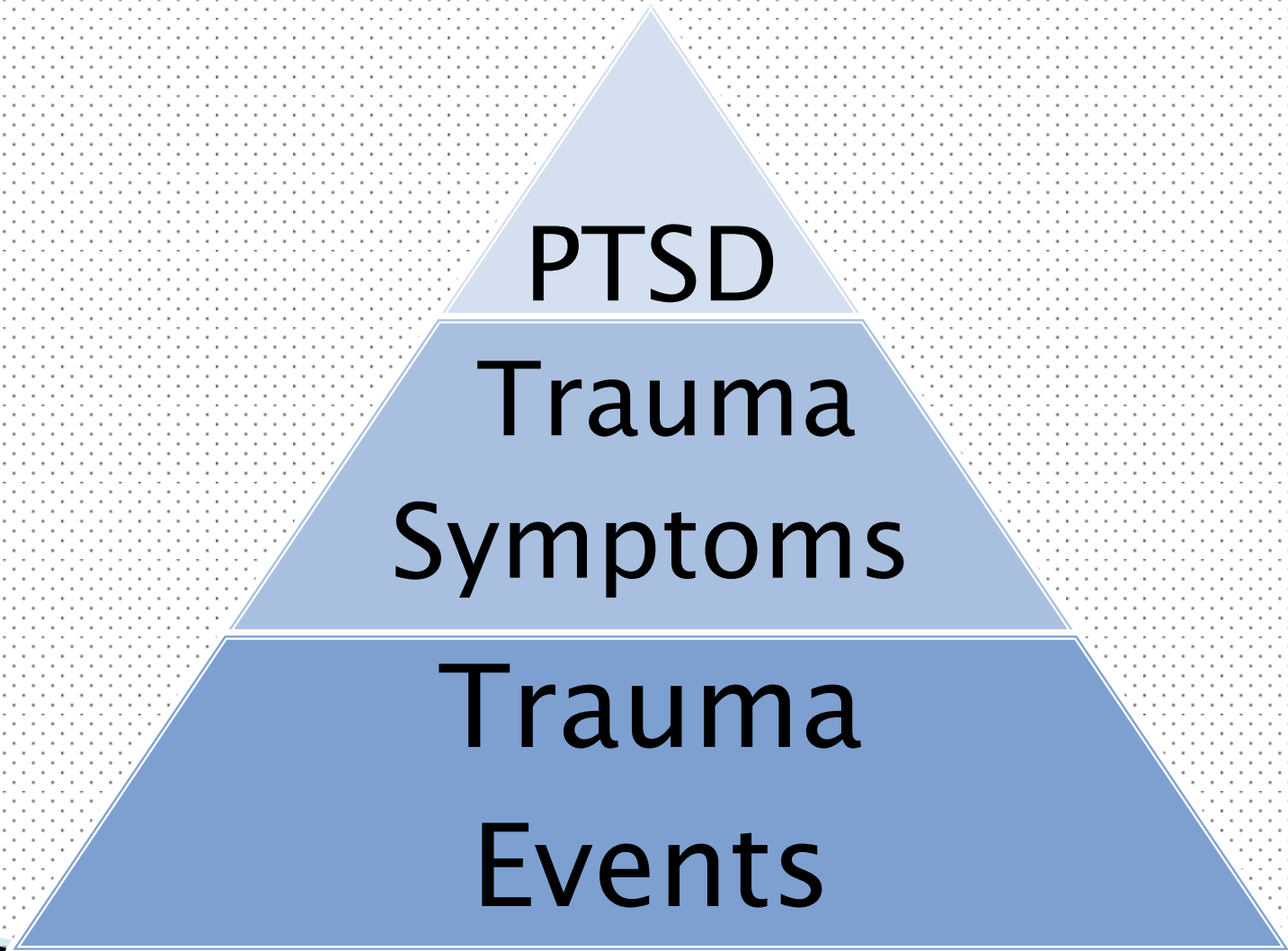


# DSM IV Diagnostic Criteria for Posttraumatic Stress Disorder (PTSD)

- After experiencing the event, the person must exhibit:
    - Re-experiencing
    - Avoidance
    - Hyperarousal
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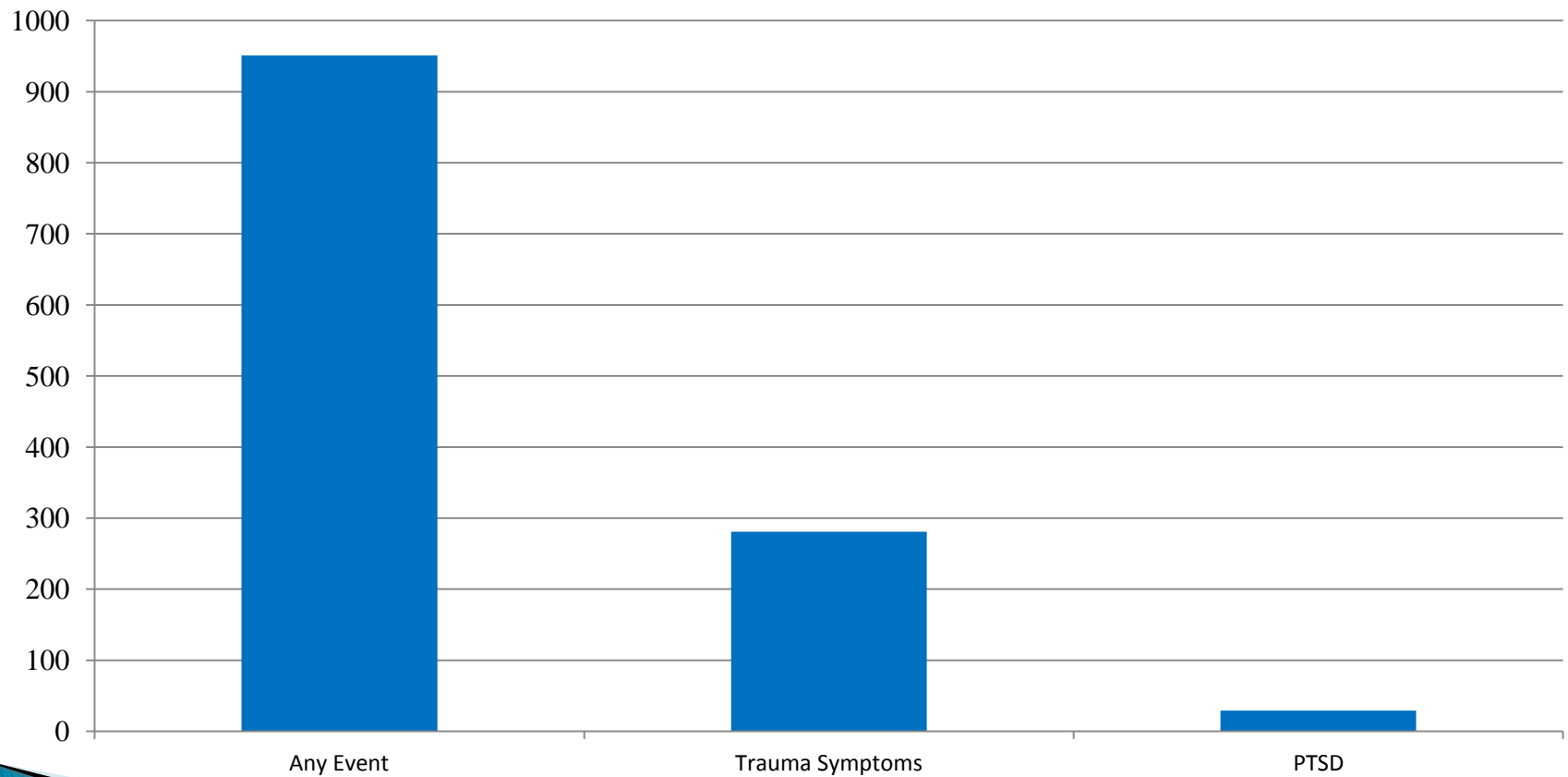
# “Trauma”

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# Trauma in Child Welfare Per 1 000 Children (Illinois Data)

0 - 17+



Griffin et al, 2012

# Mental Illness of Older Youth in Child Welfare

Diagnosis	Percentage in the Past Year
Major Depression	18%
Conduct/Oppositional	17%
ADHD	10%
PTSD	8%
Mania	6%

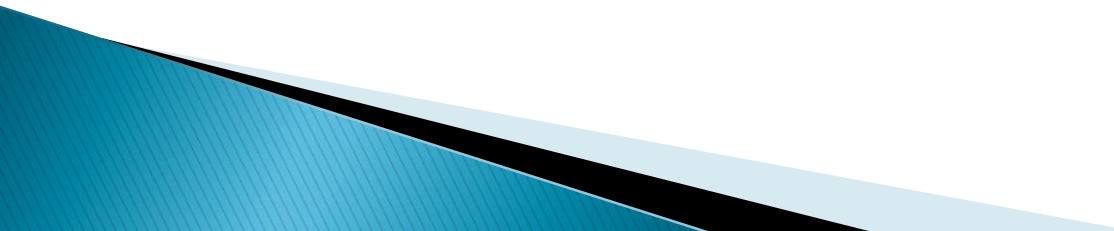
- ▶ McMillen et al., 2005, *Journal of the American Academy of Child and Adolescent Psychiatry*

# Table 3: Percentage of IL Children with Mental Health Symptoms vs. McMillen

<b>Mental Health Symptoms</b>	<b>% of Children- All Ages</b>	<b>McMillen Older Youth</b>
<b>Depression</b>	<b>16.68</b>	<b>18</b>
<b>Attention / Impulse</b>	<b>12.50</b>	<b>10</b>
<b>Oppositional</b>	<b>9.97</b>	<b>17 (with Conduct Disorder)</b>
<b>Conduct</b>	<b>5.54</b>	
<b>Affect Dysregulation</b>	<b>9.67</b>	<b>6 (Mania)</b>
<b>PTSD</b>	<b>2.88 (6.87 for older youth)</b>	<b>8</b>



# American Academy of Child and Adolescent Psychiatry (2010)

- ▶ ‘The Psychiatric Assessment Should Consider Differential Diagnoses of Other Psychiatric Disorders and Physical Conditions That May Mimic PTSD.’
  - ▶ Practice Parameter for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder
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# Symptoms that Overlap with Child Trauma and Mental Illness– (AACAP, 2010)

DSM Diagnosis	Overlapping Symptoms	Trauma
<b>1. Anxiety Disorders</b>	<b>avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction</b>	<b>Child Trauma</b>
<b>2. Attention Deficit / Hyperactivity Disorder</b>	<b>Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity</b>	<b>Child Trauma</b>
<b>3. Bipolar Disorder</b>	<b>Hyperarousal and other anxiety symptoms mimicking hypomania; traumatic reenactment mimicking aggressive or hypersexual behavior; and maladaptive attempts at cognitive coping mimicking pseudo-manic statements</b>	<b>Child Trauma</b>
<b>4. Major Depressive Disorder</b>	<b>self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleep difficulties</b>	<b>Child Trauma</b>

# Symptoms that Overlap with Child Trauma and Mental Illness– (AACAP, 2010)

<b>DSM Diagnosis</b>	<b>Overlapping Symptoms</b>	<b>Trauma</b>
<b>5. Oppositional Defiant Disorder</b>	<b>A predominance of angry outbursts and irritability</b>	<b>Child Trauma</b>
<b>6. Panic Disorder</b>	<b>Striking anxiety and psychological and physiologic distress upon exposure to trauma reminders and avoidance of talking about the trauma</b>	<b>Child Trauma</b>
<b>7. Psychotic Disorder</b>	<b>severely agitated, hypervigilance, flashbacks, sleep disturbance, numbing, and/or social withdrawal, unusual perceptions, impairment of sensorium and fluctuating levels of consciousness</b>	<b>Child Trauma</b>
<b>8. Substance Abuse Disorder</b>	<b>drugs and/or alcohol used to numb or avoid trauma reminders</b>	<b>Child Trauma</b>

# Average Number of Trauma and Mental Health Symptoms per Trauma Event

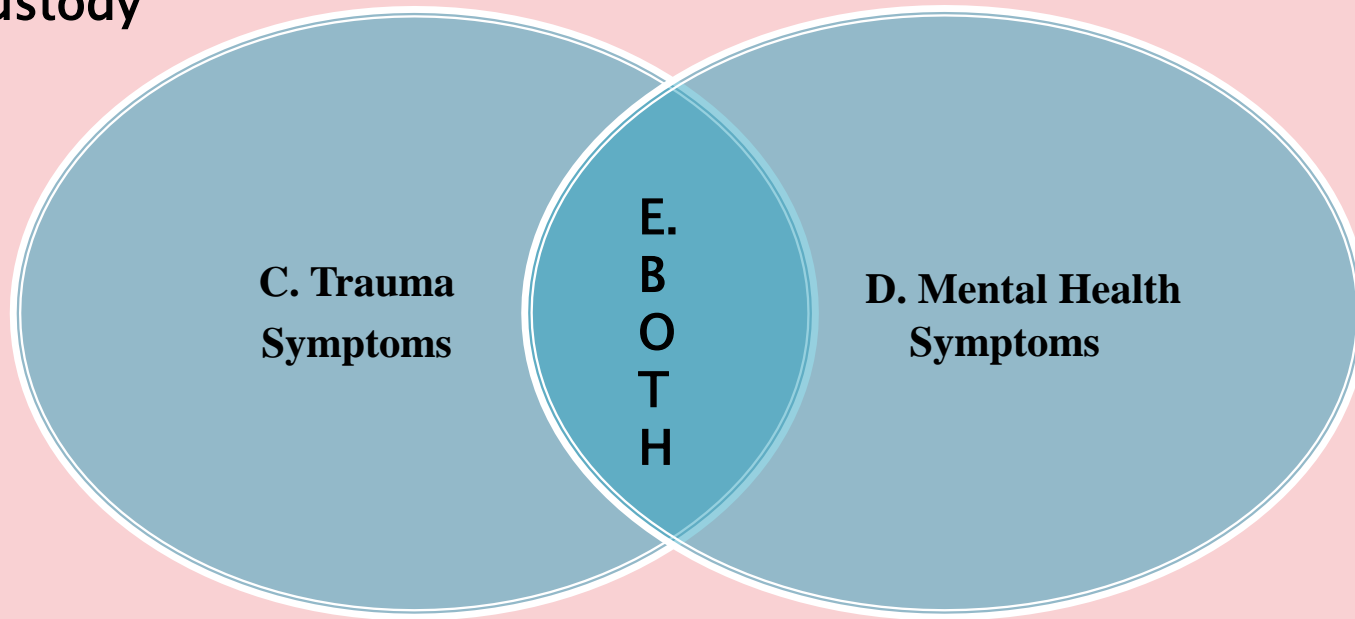
# of Significant Trauma Events (N)	Average # of Trauma Symptoms	Average # of Mental Health Symptoms
0 (N= 3412)	0.06	0.41
1 (N= 4081)	0.23	0.70
2 (N= 3039)	0.49	1.17
3 (N= 1792)	0.91	1.82
4 (N= 904)	1.23	2.42
5 (N= 489)	1.63	3.00
6 (N= 184)	1.93	3.67
7 (N= 73)	2.25	4.51
8 (N= 34)	2.85	5.53
9 (N= 10)	2.80	6.30
11* (N= 3)	2.33	9.33
13 (N= 17)	5.00	12.94
(*no subjects with 10 or 12 trauma events)	Incident Rate Ratio= 1.410	Incident Rate Ratio = 1.342

# Average Number of Mental Health Symptoms per Trauma Symptom

# of Trauma Symptoms	Average # of Mental Health Symptoms
0	0.51
1	2.04
2	3.06
3	3.53
4	4.64
5	7.73
	Incident Rate Ratio = 1.74

# Diagram of Trauma vs. Mental Illness Symptoms for Youth in Child Welfare

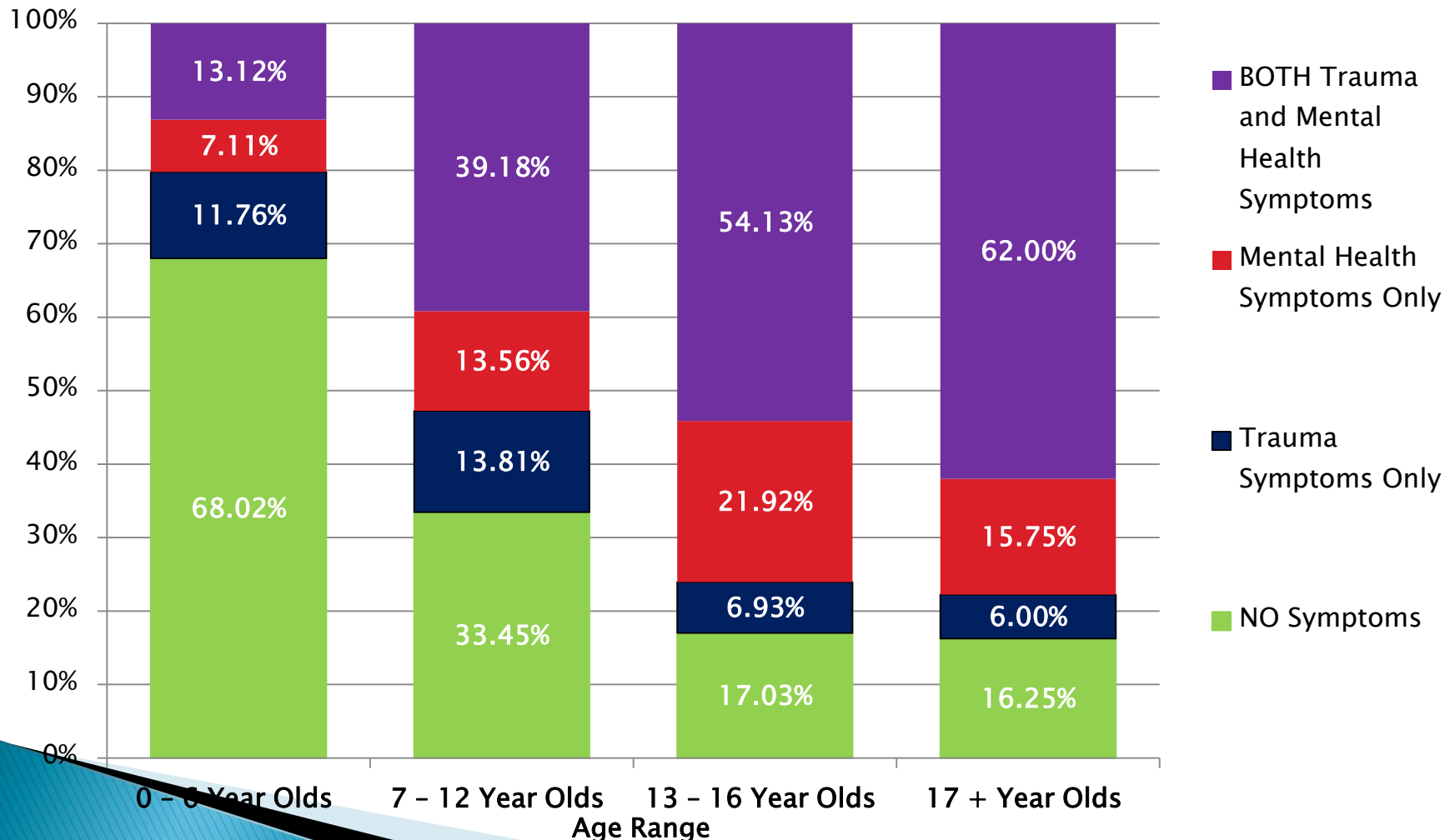
**A. Children in Child Welfare Custody**



**B. No Symptoms**


# The Overlap of Trauma and Mental Health Symptoms

Trauma and Mental Health Symptoms for Children Entering Care by Age,



# Policy Recommendations

Our study recommends child welfare agencies adopt policies requiring that

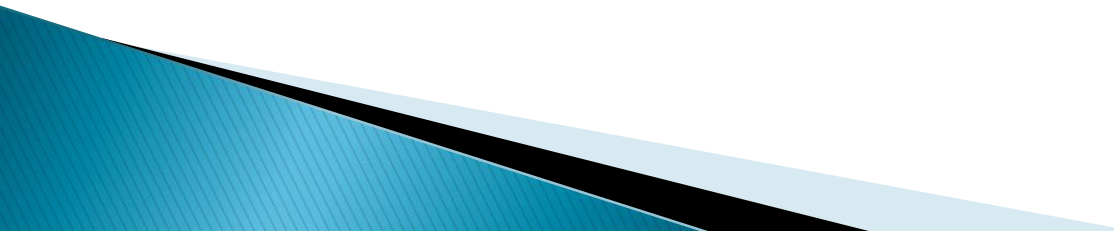
- (1) mental health screenings and assessments of all children in child welfare include measures of traumatic events and trauma-related symptoms;
  - (2) evidence-based, trauma-focused treatment begin when a child in child welfare demonstrates a trauma-related symptom; and
  - (3) a clinician not diagnose a child in child welfare with a mental illness without first addressing the impact of trauma
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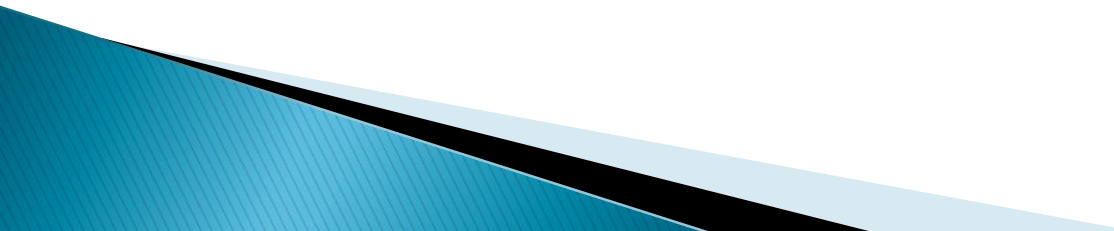
# Child Trauma– Critical Issues

- ▶ 1) Child Level: Defining Child Trauma
  - ▶ 2) Agency Level: Becoming Trauma-Informed
  - ▶ 3) State Level
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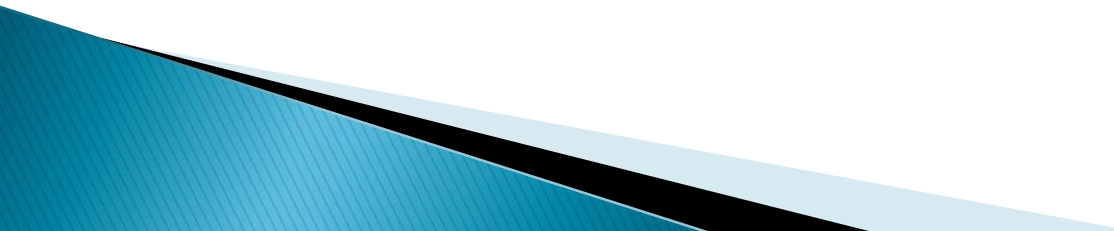
# A Trauma-Informed Agency

- ▶ A trauma-informed agency understands the concept of child trauma, recognizes trauma in its clients (and staff) and has a framework to address the trauma
    - **Training**
    - **Assessment**
    - **Treatment**
    - **Policies**
- 

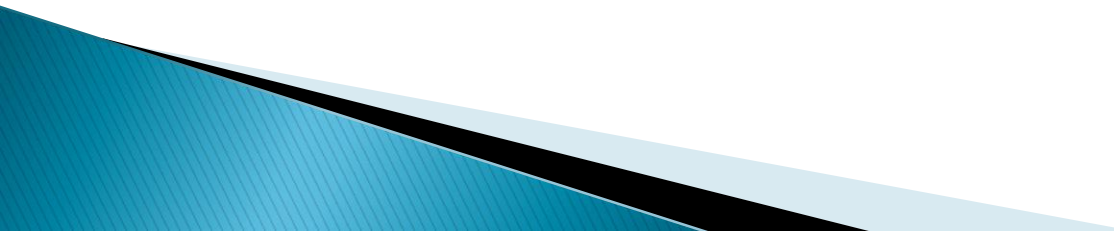
# Training

- ▶ **Substance of Training**– e.g. NCTSN Child Trauma Committee, Revised Child Trauma Training Toolkit
  - ▶ **Who to Train**– All staff, Caseworkers, Foster Parents, Caretakers, Youth
  - ▶ **Integrating Trauma Training With Other Dept. Training**– Applied not Academic
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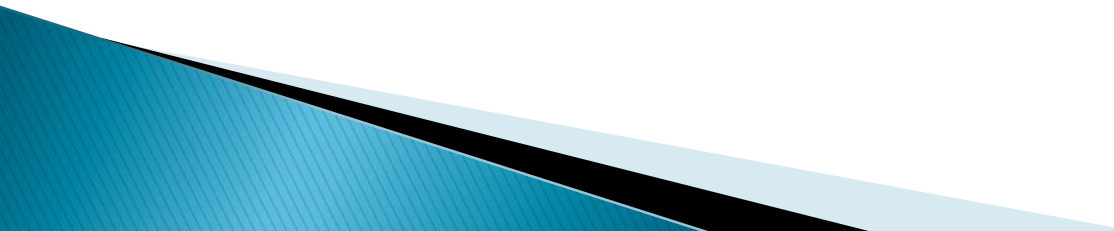
# Assessment

- ▶ **Screening and Assessment (NCTSN)**
    - Diagnostic vs. Functional
    - Experiences and Symptoms
  - ▶ **Repeated Measure**
  - ▶ **Decisionmaking**
    - Level of Care
    - Mandatory vs. Recommendation
    - Technology– e.g. Provider Database with GIS
- 

# Treatment

- ▶ **Empirically Supported Treatments (NCTSN)**
  - ▶ **In Context**
    - Safety
    - Supportive Adult
    - Self-Regulation\* (EBPs)
    - Strengths
  - ▶ **Credentialing of Therapists**
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# Websites for Evidence-Based Trauma Interventions

- ▶ The National Registry of Evidence-based Programs and Practices (NREPP)  
<http://nrepp.samhsa.gov/>
  - ▶ National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices  
<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>
  - ▶ The California Evidence-Based Clearinghouse for Child Welfare (CEBC)  
<http://www.cebc4cw.org/>
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# Some Evidence-Based Trauma Interventions

Ages	Therapy	Modality	Sessions
0 – 6	CPP	Child and Caregiver Dyad	50
3 – 18	TF-CBT	Child, Parent and Family Sessions;	12 – 16
12 – 19	SPARCS	Group Intervention	12 – 16
10 – 15	CBITS	Group Intervention in a School Setting;	10
10 – 21	TARGET-A	Individual or Group Psychoeducation	4 – 12
5 – 17	ARC	Guidelines for Community Treatment	Varies

# Trauma Policies

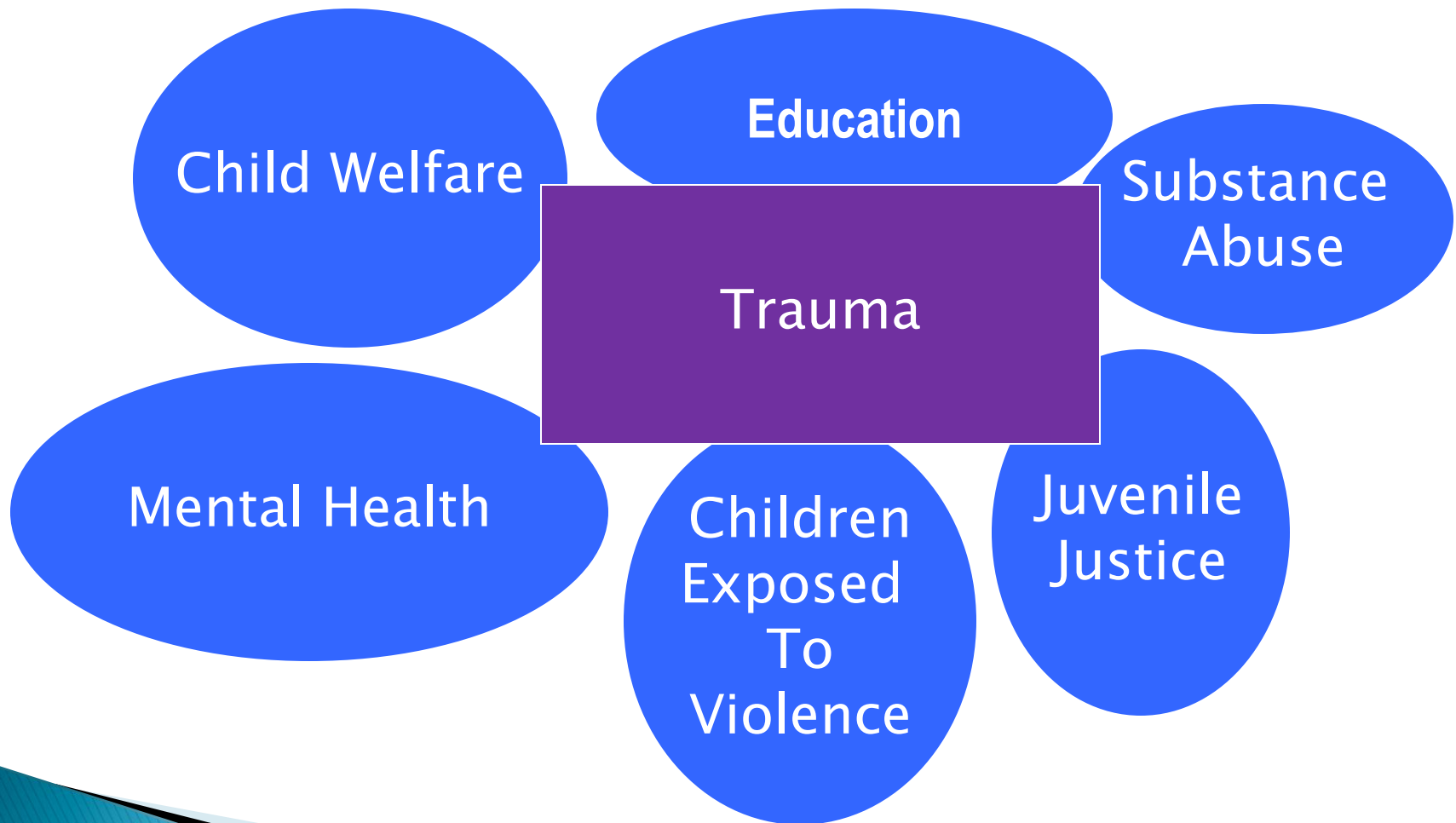
- ▶ **Integrate Trauma into Safety, Permanency and Well-Being (e.g. Lifetime approach)**
  - ▶ **Direct Care – Supervisors– Administration**
  - ▶ **Sustain Funding**
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# Child Trauma– Critical Issues

- ▶ 1) Child Level: Defining Child Trauma
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- ▶ 3) State Level: Child Trauma Coalition

# A Common Theme for Child Systems



# U S Constitution, State Powers and Youth

- ▶ States Given Two Relevant Powers
  - Police Powers
  - Parens Patriae (Parental) Powers
- ▶ Youth as Threat to Public Safety
  - Juvenile Justice
- ▶ Youth as Innocent Victim
  - Child Welfare
- ▶ Inconsistent Approach When a Youth is Victim and Threat
  - U S Supreme Court

# Systemic Response to Youth

- ▶ Issue– We look at the same thing but call it by different names...
- ▶ And it matters



# We Look at the Same Thing But...

- ▶ A 16-year-old male does not sit still, does not pay attention, overreacts to slights, mistrusts adults, runs away and repeatedly gets into fights. An adult should refer the youth to:

- A. Juvenile Justice
- B. Mental Health
- C. Child Trauma



# ...Call It By Different Names

- ▶ It is the adults who decide how to interpret the behaviors and symptoms of youth
- ▶ These interpretations will drive the treatment

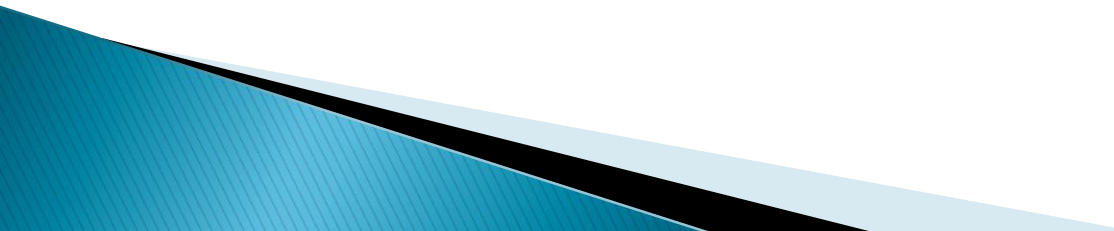


# ...And It Matters

- ▶ Punishment Model
- ▶ Mental Health Model
- ▶ Trauma Model :
  - A greater focus on Safety, Supportive Adult, Self-Regulation, and Strengths
  - Less focus on medications
  - Less stigmatizing



# State Childhood Trauma Coalition

- ▶ **A Champion Invites Everyone to the Table**
  - ▶ **Everyone Benefits**
    - Information
    - Training
    - Products
  - ▶ **System Transformation**
    - Blueprint
    - Curriculum
    - Symposium
- 



# The Goal of a Trauma Coalition: Return to Normal Child Development

